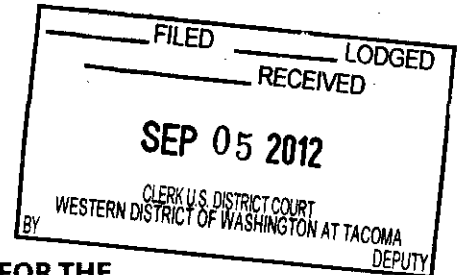


Print Form



12-CV-05793-CMP



UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF WASHINGTON

Todd Roy Gibbons

Plaintiff(s)

CV12 5793 RBL

vs

COMPLAINT

Honorable Robert M. McKenna et al

Defendant(s),

Parties to this Complaint:

Plaintiff's Name, Address and Phone Number

Todd Roy Gibbons
5415 S ORCHARD PMB 126
TACOMA, WA 98467

Defendant's Name, Address and Phone Number

Honorable Robert M. McKenna
(Attorney General of Washington State)
17141 Clearwater DR S.W P.O. Box 40124
Olympia, WA 98504-0124

Defendant's Name, Address and Phone Number

SEE: ATTACHMENTS PARTIES TO THIS COMPLAINT
Pg(1)

COMPLAINT FOR DAMAGES Pg 1

Todd Roy Gibbons
5415 S ORCHARD PMB 126
TACOMA, WA 98467

PARTIES TO THIS COMPLAINT:

Rogelio Riojas (CEO) et al

Seamar Community Health Center

1040 Shenderson St

Seattle, WA 98108

Community Health Care et al

(Office's of Physicians)

1019 Pacific Ave. Ste 300

TACOMA, WA 98402-4488

Catholic Health Initiatives

Franciscan Health Systems et al

1149 Market

TACOMA, WA 98402

Metropolitan Development Council

(et al) P.O. Box 34703

Seattle, WA 98124

Lorraine Lee (Chief Administrative Law-
Judge Washington State)

P.O. Box 45010 Olympia, WA 98504-5010

OB-2 4th Floor mailstop 4506 14th and

Jefferson.

PARTIES TO THIS COMPLAINT pg 2

Complaint For Damages pg 2

Todd Ray Gibbons

5415 Sorchard

Pmbl26

TACOMA, WA 98467

PARTIES TO THIS COMPLAINT:

Metropolitan Development Council

721 SOUTH FAWCETT AVE Suite 201

TACOMA, WA 98402

Vontel moore (case mgr) Ast with app. 4-21-05

Toni maccloughall (outreach worker) app 4-21-05

Dill, Patricia (outreach worker) app 12-13-05

(SS) - outreach worker app/screeners INT 4-22-05

MARia ImFo call Re: Todd stay at mission 5-23-06

Metropolitan Development Council

(HEALTH CARE FOR THE HOMELESS SERVICES)

2342 TACOMA AVE SOUTH

TACOMA, WA 98402

TACOMA Rescue mission

(New Life Square)

425 SOUTH TACOMA WAY

TACOMA, WA 98402

David Tugaga (shelter mgr)

5-23-06

Mike Stoner (shift mgr)

Community/ Health Care

(New Life Square). HEALTH CARE FOR THE

Homeless.

425 SOUTH TACOMA WAY

TACOMA, WA 98402

PARTIES TO THIS COMPLAINT PG 3

Complaint FOR DAMAGES PG 3

Todd Ray Gibbons
5415 S ORCHARD
Pmb 126
TACOMA, WA 98467

PARTIES TO THIS COMPLAINT:

CORY Hatfield PA-C Physical EVAL 2-16-06

THOMAS Siler M.D. Physical EVAL 2-16-06

Community Health CARE

(Health CARE FOR THE HOMELESS)

2342 TACOMA AVE. SOUTH

TACOMA, WA 98402

Community Health CARE

720 Olive Way Suite 300

Seattle, WA 98101

BAYARD TASHA FAX Community Health 4-29-11

C-STEVENSON HAMMER M.D. P.S. Surgeon 4-14-09

316 MLK Way #205

TACOMA, WA 98405

FRANCISCAN Health System

St-CLARE Hospital, St Joseph Medical

Center 11307 Bridgeport Way S.W

LAKEWOOD, WA 98499

STEVEN G DURAS M.D. FAC. Gen Surgeon 5-11-09

Riste-Dillon, Vikki TRIAGE ed 10-03-05

VANHORN, DAWN TRIAGE ed 10-03-05

BREAGAN M.D. Initial mid orders 10-3-05

KARIL Enge M.A. Nursing Notes 06-06-11

Levine, Andrew Diagnostic Imaging 11-19-10

PARTIES TO THIS COMPLAINT PG 4

COMPLAINT FOR DAMAGES PG 4

Todd Roy Gibbons
 5415 S Orchard
 Pmb 126
 TACOMA, WA 98467

PARTIES TO THIS COMPLAINT;

KAREN M AUMILLER C.C.d CHART ROUTING HISTORY 11-19-10
KODAINE M.C.d MEDICAL EXAM ABP PAIN 05-25-06

TACOMA GENERAL HOSPITAL
315 MARTIN LUTHER KING JR WAY
TACOMA, WA 98415-0299
MULTICARE HEALTH SYSTEM

TIMOTHY MCNAIR, MD ER XRAY SPINE 02-11-05

DONALD D FLETCHER D.O CC ER VISIT 08-27-05

SABINE L ARNIP LUMBAR SPINE 08-11-05

LEAZA M DIERWECHTER, MD. PT. S.D 01-27-05

JOHN T MCNAIR PHYSICIAN ER SERVICES 02-11-05

KEVIN LEWIS PHYSICIAN ASSISTANT 03-02-05

TOD E WURST, M.D imaging RESULTS spine 08-11-05

G-MG LAB RESULTS 05-10-06

JAMES WYMAN M.D OFFICE VISIT 11-29-10

JEANETTE A HARRISON OFFICE VISIT 11-29-10

PHILLIP DARBY PHY ASSISTANT TAC, GEN. HOSPITAL 12-14-10

REBECCA M HURST R.N TAC, GEN. 12-14-10

KARI ENGE M.A TAC, GEN. HOSPITAL 03-07-11

SHANE TURNER, PA-C G'S ORTHO SPORTS 08-03-11

BEVERLY A ANDERSON MA G'S ORTHO SPORTS 08-07-11

JAMES WYMAN, MD ORTHO SPORTS DOCTEXT 02-16-11

MULTICARE ORTHO/SPORTS

11212 SUNRISE BLVD #201 PUY, WA 98374

SOUND MEDICAL IMAGING REFERRAL 12-16-09

12615 MERIDIAN EAST PUY, WA 98373

PARTIES TO THIS COMPLAINT PG 5

COMPLAINT FOR DAMAGES PG 5

TODD ROY GIBBONS
5415 S ORCHARD AVE 126
TACOMA, WA 98467

PARTIES TO THIS COMPLAINT:

TRA Medical Imaging

2502 SOUTH UNION AVE

TACOMA, WA 98405

Joseph SAM M.D. TRA

TRA Medical Imaging

2202 South Cedar St Ste 2001

TACOMA, WA 98405

Helen Shige mitsu M.D. Left Shoulder XRAY 04-27-09

Joan Song Right Shoulder 10-29-10

M.V.P. PHYSICAL THERAPY

4-30-10

1550 Union Ave Suite 130

TACOMA, WA 98405

Ben-Kevin D.P.T R-Shoulder 4-30-10

St. MARK'S eye INSTITUTE

502 South "M" Street

TACOMA, WA 98405

DOUGLAS A MACLEOD M.D. eye APT 05-20-10

NORTHWEST Consulting Solutions

(LLC) 22510 41st AVE South Kent WA

98032

08-04-09

Michael Swanson, Consultant M.S. LMHC

08-17-09

Chris Simmons M.S. CRC

08-17-09

61587644 Jennifer Long

PARTIES TO THIS COMPLAINT: PG 6

Complaint For Damages: PG 6

Todd Roy Gibbons
 5415 S ORCHARD Pkwy
 TACOMA, WA, 98467

PARTIES TO THIS COMPLAINT:

SEA MAR HEALTH CARE FOR THE HOMELESS
2342 TACOMA, WA 98402

SeAMAR medical
1112 South Cushman
TACOMA, WA 98405-3631

VERNA HARMS A.R.N.P. RN EVAL 07-15-09

Amber Guice - History Physical Report 10-04-11

Surinder K Singh - History Physical - 10-03-11

Jessica SALAZAR MA History Physical 08-19-11

Tai Santos MA History Physical 05-18-11

Therisy Kirkhart M.A History Physical 04-26-11

Randa Russell M.A History Physical 04-23-11

Daisy Zuniga History Physical 02-09-11

Cristobal Sanchez metz MD LAB 02-08-11

Fatima Guillen Constitutional (VITALS) 10-27-10

Svetlana Sirbu Assessment plan 03-05-10

Sharon Peters RHIA member Eligibility 02-12-10

Erik Elam M.D TRA Imaging 05-03-11

Tasha Bayard, Community Health 04-29-11

KAROLIN Lund med mgnt Community Health 04-29-10

Lindsay Metropolitan Delp Coun, FAX 01-11-10

DAWN-MVP. FAX COVER 03-23-10

Leslie Pilon BA CG mental 05-29-11

10217 125th Stct EAST
Puy, WA 98373

PARTIES TO THIS COMPLAINT: PG 7

COMPLAINT FOR DAMAGES: PG 7

Todd Roy Gibbons
5715 S ORCHARD PMB
126
TACOMA, WA 98467

PARTIES TO THIS COMPLAINT

NORTHwest Justice Protect

C.I.E.A.R. 715 TACOMA AVE. SOUTH

TACOMA, WA 98402

Brendon Haigh PARALEGAL

Cindy Atterlie

KENNETH GORMLY (ATTORNEY)

1119 TACOMA AVE SOUTH

TACOMA, WA 98402

Dept of Social and Health Services

Div. of Vocational Rehabilitation

MS N 27-13 1949 SOUTH STATE ST

TACOMA, WA 98405-2850

LEW NAROLITANO VRC VOC EVAL

08-04-09

PAMELA STRONG V.R. + RE: Todd

06-05-09

Dept of Social and Health Services

Pierce NORTH CSO 1949 SOUTH STATE

Street N 67-1 TACOMA, WA 98405

E. Neil Gorrell Hearing

06-05-05

THE RE SA RAINey DOCKET # 10-2010-A-2282

01-10-11

RUTH COLLINS APPEAL REQUEST

10-17-11

K-THORN BURG FINANCIAL CASE MGR

01-26-09

DR. CLINE PSHS EVAL

11-23-11

Deb-CHRISTIANSEN Soc-worker

10-23-11

PARTIES TO THIS COMPLAINT: PG8

COMPLAINT FOR DAMAGES: PG8

Todd Ray Gibbons

5415 S ORCHARD

PMB 126

TACOMA, WA 98467

PARTIES TO THIS COMPLAINT

1	John GUNN Soc-WORKER phy-EVAL	06-29-10
2	RHONDA Benson (CSD) Hearing	09-01-10
3	PRESTON W. Cody DIRECTOR Div of HEALTH	
4	CARE SERVICES	
5	SHAVANA Howard Gen. ASISTANT	08-07-09
6	Rick Long Soc-WORKER NONGRANT	
7	LYNN HAY CHAPMAN Apointment	01-13-06
8	metzGER, SHAMUS D (metz) 067	08-13-09
9	Chandler R Latickae (Lech) 155	01-22-10
10	Mc GLAUTHLIN, Jennie (Jeme) 051	01-23-10
11	PATTEN Gale, Jennifer L (Jepa) 155	07-16-10
12	STANDLEY, DANDRA R (DRST) 067	08-02-10
13	Benson, RHONDA J (BERH) 067	09-01-10
14	SHIDELL Kim (SHKi)	10-25-10
15	ROGERS, Kelly R (Roke) 067	12-20-10
16	JEFFRIES Jill D (FiTi) 155	02-14-11
17	Peter S Lee DSHS EVAL	08-12-09
18	Rick SI-BA DIRB PACKET MAIL TO CLIENT	04-19-05
19	ARTC 48 FINANCIAL ATTN Toni MacDougall	07-08-05
20	SLASH Denied CASH med	12--05
21	G-DEW CASH med end	07-19-06
22	S-MAM benifits Change	04-01-09
23	CHWE CASH Food	11-13-09
24	metz Gen ASSISTANCE	08-13-09
25	mccG CASH Food	06-06-09
26	ERTA Benifits	05-13-09
27	PELR Food	06-26-10

PARTIES TO THIS COMPLAINT: PG 9

Complaint FOR DAMAGES: PG 9

Todd Roy Gibbons
52155 Orchard
Pmb 126
TACOMA, WA 98467

PARTIES TO THIS COMPLAINT

1	J. mcGLAULHlin CASH	01-23-10
2	LCCH Food	07-16-10
3	THKI Food	06-29-10
4	Pelletier And Rea (PLND)	02-11-05
5	WILKERSON THOMAS B (WITB) 131	03-17-05
6	TURNER, GeGiA (TUGe) 131	03-29-05
7	PIETERMAN, FRANCES (PIFR) 131	04-18-05
8	Lee, Roberts (LeER) 051	04-18-05
9	Leinweber, Florene m (LeFL) 051	04-19-05
10	Daniel, michelle (DAMI)	04-25-05
11	PARKER, KARENAR (PKAR) 048	05-02-05
12	PFEIFER, MICHAEL A (PFMI) 051	05-02-05
13	Bolowich, Heidi m (JACK) 048	05-13-05
14	Nelson, CANDACE J (NECA) 131	05-21-05
15	Joyce, CYNTHIA A (Jocy) 048	06-02-05
16	TRAVIS, Hollee N (HANT) 131	06-09-05
17	HALL, Denise F (HADF) 131	06-09-05
18	DEAN, Robert L (DeRO) 048	06-16-05
19	HALI 67	01-13-06
20	RUCO 67	03-09-06
21	TOGU 67	06-29-10
22	Diye 67	06-09-10
23	DEHR 67	02-19-10
24	JAPHE, KEVIN E (JAKE) 131	08-29-05
25	WATSON, Christopher L (WICH) 067	12-16-05
26	Schick, Chery L R (CHSC) 067	12-16-05
27	miley, Robert F (MILR) 067	12-27-05
28	PARTIES TO THIS COMPLAINT: PG 10	

Complaint FOR DAMAGES: PG 10

Todd Roy Gibbons
5415 S ORCHARD
Pmb 126
TACOMA, WA 98467

PARTIES TO THIS COMPLAINT:

LASH, SUSAN I (ISUS) 067	04-04-06
CUSTIS, DAINEL (CUDI) 067	04-22-06
MCCLEIN Glynis e (MCCG) 067	05-22-06
CERVANTES, ANGELA (CERA) 067	06-13-06
HOWARD SHAVANA K (SKHA) 067	06-13-06
DEW Giselle R (DEGI) 067	07-19-06
mena, KAREN (mnKR)	01-14-09
HAYNES, GLENNE (GLHa) 067	03-17-09
SERAILLE, RENISHA J (RSC) 067	03-20-09
R-LEE medical ID	04-25-05
K-PARKER BENIFITS	04-25-05
M-PFEIFER pending medical	04-22-05
MRS-JOYCE med Denied	05-13-05
TUGE Customer Service	03-29-05
CYNDI JOYCE Food	05-02-05
F-wills Food	12-16-05
C-WATSON benifits Review	12-27-05
MCCLEIN incapacity Review	07-31-06
CHILDERS LORI (LORC) #	
CINDY L BURDUE (ALT)	01-10-11
ERIKA LIM (ALT) HEARING	12-02-11
LEA DICKERSON (ALT) HEARING	12-02-11
TERRY A Schuh (ALT) HEARING	05-09-12
Heidi SMITH Billing Representative	
Community Health DSHS EVAL Technician	

PARTIES TO THIS COMPLAINT: PG 11

COMPLAINT FOR DAMAGES: PG 11

Todd Ray Gibbons
 5215 S ORCHARD PMB
 126
 TACOMA, WA 98467

PARTIES AND JURISDICTION:

JURISDICTION FOR THIS CAUSE OF ACTION
IS BASED ON 28 U.S.C §§ 1331 AND 1346(b).

THIS CIVIL ACTION INVOLVES A CLAIM AGAINST
THE UNITED STATES GOVERNMENT.

THAT AT THE TIME OF THE INCIDENT HEREIN
PLAINTIFF WAS A RESIDENT OF PIERCE COUNTY,
WASHINGTON.

ALL ACTS COMPLAINED OF OCCURRED IN
PIERCE COUNTY WASHINGTON.

DEFENDANT IS THE UNITED STATES OF
AMERICA.

UNDER SECTION 224 OF THE PUBLIC
HEALTH SERVICE ACT, AS AMENDED BY THE
FEDERALLY SUPPORTED HEALTH CENTERS
ASSISTANCE ACT OF 1992 AND 1995, EMPLOYEES
OF ELIGIBLE HEALTH CENTERS MAY BE DEEMED
TO BE FEDERAL EMPLOYEES QUALIFIED FOR
PROTECTION UNDER THE FEDERAL TORTS CLAIM ACT.

METROPOLITAN DEVELOPMENT COUNCIL, ET AL
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
ADMINISTRATION, ET AL SEAMAR MEDICAL, ET AL
COMMUNITY HEALTH CARE, ET AL IS A HEALTH
RESOURCES AND SERVICES ADMINISTRATION
SUPPORTED HEALTH CENTER WHICH HAS BEEN
PROPERLY DEEMED BY THE UNITED STATES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES

COMPLAINT FOR DAMAGES: PG 12

Todd Roy Gibbons
5415 S ORCHARD PMB 126
TACOMA, WA 98467

PARTIES And Jurisdiction

Administration, Bureau of PRIMARY
HEALTH CARE. AS such, its employees ARE
Considered Federal employees.

At All Times Relevant here To,
Vontell moore, Toni macdougall, LAURA
MADRIGAL, PATRICIA Dill, Et. Al Was an
employee of The united states of America,
Through his/her employment with
Metropolitan Development Council,
THERESA RAINey, Lynn Hay Chapman, Debbie Smith,
Deb CHRISTIANSEN, CRISTEL ARTHUR, Rick Long,
John Gunn, C Joyce, R-lee, T. wills, G. Dew Et. Al
was an employee of The united States of
America, THROugh his/her employment with
Department of Social And Health Services.
Et. Al Verna HARM'S, was an employee of
The united States of America THROugh his
her employment with SEA MAR medical.
CORY Hatfield, THOMAS Siler WAS an employee
of The united States of America THROugh
his/her employment with Community Health
CARE Et. Al Lew NAPOLITANO Et. Al was an
employee of The united States of America
THROugh his/her employment with Div. of
Vocational Rehabilitation Dept of Social And
Health Services.

Complaint FOR DAMAGES: PG 13

Todd Ray Gibbons
5215 S ORCHARD PMB 126
TACOMA, WA 98467

PARTIES And Jurisdiction

THat at All Times Relevant here To,
The United States of America THrough
Metropolitan Development Council Et Al
Sea MAR medical Et Al Community Health
Services Et Al, Department of Social And
Health Services Et Al employed Physicians,
Nurses, Physician Assistants, Pharmacists,
Residents, employees, Agents (Actual And
- APPARENT) Representatives, And oUTHER STAFF,
who PROVIDED CARE And Treatment To
Plaintiff were PROVIDED in THE Course
And Scope of Their employment WITH
Metropolitan Development Council, Depart-
ment of Social And Health Services, Community
Health CARE, Sea MAR medical, Et Al And AS
Such The United States of America, IS
Legally Responsible For The Conduct of
Said Physicians, Nurses, Physician Assistants,
Pharmacists, Residents, employees, Agents
(Actual And APPARENT) Representatives And
oUTHER STAFF, both known And unknown.

THat The United States of America
was served with a Claim For Damage
INJURY, OR DeATH in This matter by
Service on:

SEE: Attachments (1)(2)(3)(4)

Complaint For DAMAGES pg: 14

Todd Roy Gibbons
5415 S Orchard Pk 126
Tacoma, WA 98467

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rob McKenna (Attorney General)
 1741 Clearwater Dr. S.W.
 Tumwater, WA 98501
 PO Box 40124

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

Department of Social and Health Services
 Consolidated Mail Services
 PO Box 41050
 Olympia WA 98504-1050

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 1410 0002 1255 8108

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LORRAINE LEE (AHT) Chief
 Dept of Social and Health Services
 P.O. Box 45010 Olympia, WA
 98504-5010
 OB-2 4th Floor mailstop 45010
 14th and Jefferson

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

JUL 06 2012

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 1410 0002 1255 8092

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Attachment # (1)

Complaint FOR DAMAGES PG 15

Todd Roy Gibbons
 5415 S Orchard pmb
 126
 Tacoma, WA 98467

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Virginia Lee</u> C. Date of Delivery <u>7-6-12</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><u>Deena Wallis York-Chickpres</u> <u>Metropolitan Development Council</u> <u>1721 FAUCETT AVE Suite 201</u> <u>TAC, WA 98402</u></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>7009 1410 0002 1255 8153</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><u>C.E.O.</u> <u>Metropolitan Development Council</u> <u>P.O. Box 34703</u> <u>Seattle, WA 98124</u></p>		<p>JUL 09 2012</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>7009 1410 0002 1255 8115</u></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Attachment # (2)

Complaint FOR DAMAGES pg 16

Todd Roy Gibbons
5415 S Orchard Pmb 126
TACOMA, WA 98467

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROGELIO RIOJAS (C.E.O.)
SEA MAR Community Health
Center
1090 Shenderson St
SEATTLE, WA 98108

2. Article Number

(Transfer from service label)

7009 1410 0002 1255 8085

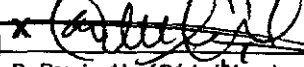
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/7/12

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TO: C.E.O.
Community Health Center
1019 PACIFIC AVE STE. 300
TACOMA, WA 98402-4488

Office of Physicians

2. Article Number

(Transfer from service label)

7009 1410 0002 1255 8146

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/12

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

ATTACHMENT #3)

COMPLAINT FOR DAMAGE \$6517

Todd Roy Gibbons
5415 S Orchard Pkwy
126
TACOMA, WA 98467

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Brookhill</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brooke Otto</i></p> <p>C. Date of Delivery <i>7-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <i>(C.E.O.)</i> <i>CATHOLIC HEALTH INITIATIVES</i> <i>FRANCISCAN HEALTH SYSTEMS</i> <i>1149 MARKET</i> <i>TAC, WA 98402</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service) <i>7009 1410 0002 1255 8078</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ATTACHMENT #4

Complaint FOR DAMAGES pg 18

Todd Roy Gibbons
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TACOMA, WA 98467

FACTUAL ALLEGATIONS

That United States of America
Through Honorable Robert M McKenna
And The State of Washington employed
defendants and others who as
Health Care Providers to use that
degree of care, skill, diligence and
attention used by Health Care Providers
generally in the community in the
care and treatment of patient.

The United States of America Through
Honorable Robert M McKenna And The
State of Washington Department of
Social and Health Services et al Failed
To Properly Supervise And/or Train
defendants And The Physicians, Physician
Assistants, Nurses, Pharmacists, Residents,
employees, Agents, (Actual or Apparent)
Representatives, And Other Staff
employed By The State of Washington And
Department of Social and Health Services.

Honorable Robert M. McKenna And The
State of Washington Department of
Social and Health Services. Et al
Failed To Properly diagnose And Treat
The Plaintiff.

IN So Failing To Properly diagnose
And Treat The Plaintiff deviated From

Complaint For Damages 19

Tedd Roy Gibbons
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Pm 126
Tacoma, WA 98467

Factual Allegations

STANDARD APPROVED MEDICAL PRACTICE
by Failing To PROPERLY diagnose And Treat
Plaintiff's (SPINA BIFIDA), Intellectual
disabilities And INJURIES which Failure
Resulted in PHYSICAL Pain And Suffering,
Mental And emotional Pain And Suffering,
ABANDONMENT And

Plaintiff suffering From Neurologic
dysfunction And SPINAL Abnormalities And
INJURIES This deviation From THE
APPROPRIATE STANDARD of CARE PROXIMATELY
CAUSED Plaintiff's INJURIES.

Defendant's FAILURE To PROPERLY diagnose
And Treat Plaintiff's (SPINA BIFIDA) And
Intellectual disabilities, give Adequate
WARNINGS, AS WELL AS defendant's Negligence,
And medical MALPRACTICE AS DESCRIBED
Above Constituted a deviation From
Accepted medical PROCEDURES. Defendant's
Failure To PROPERLY diagnose And Treat
Plaintiff's (SPINA BIFIDA) Intellectual
disabilities, And INJURIES, give Adequate
WARNINGS AS DESCRIBED Above Violated THE
STANDARD of CARE That defendant's Action's
Constitute Negligence And medical
Negligence.

THE Resulting INJURY And LOSS TO

Complaint FOR DAMAGES 20

Todd Roy Gibbons
5415 S ORCHARD PMB
126
TACOMA, WA 98467

Factual Allegations

The PLAINTIFF was PROXIMATELY CAUSE
by The Tortious Conduct of Defendant.

AS a direct AND PROXIMATE Result of
The defendant's Tortious Conduct,
THE PLAINTIFF HAS Sustained economic AND
NON economic damages, INCLUDING, WITH
out Limitation

(a) Lost earnings;

(b) mental AND emotional Pain AND
Suffering;

(c) Physical Pain AND Suffering;

(d) Loss of enjoyment of Life;

(e) Past AND Future medical expenses;

COMPLAINT FOR DAMAGES 21

Todd Roy Gibbons
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Tacoma, WA 98467

PRAYER FOR Relief

WE'RE FOR, PLAINTIFF PRAY'S FOR
THE Following Relief, Against defendant,

(1) FOR Such Sum's of money AS will
Reasonably And Justly Compensate
him FOR The DAMAGES Sustained
AS herein befor Alleged;

(2) FOR Reasonable Cost And
disbursements herein To Be TAXed;

(3) FOR Pre Judgment INTERest AS Allowed
BY LAW;

(4) FOR This matter To be TRIed By a
SIX-PERSON Jury;


(5) FOR This To Be INDEXed of DSHS
Significate decisions 388-01-190
(1)(2) A..C (3)(4);

(6) And To AWARD such oUTHER
And FuTHER Relief AS MAY
Be deemed Just And equitable;

Complaint FOR DAMAGES 22

Todd Roy Gibbons
5415 S Orchard Pmb
126
TACOMA WA 98467

Dated This 5th day of September



Todd Roy Gibbons

5415 S ORCHARD pmb 126

TACOMA, WA 98467

Complaint FOR DAMAGES 23

Todd Roy Gibbons
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TACOMA, WA 98467